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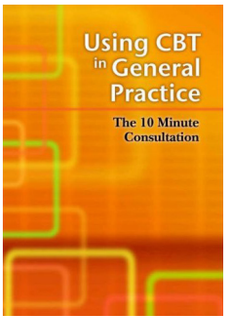
Book Reviews



Using CBT in General Practice – a 10 Minute Consultation. Lee David. Scion Publishing Ltd. August 2006. 350pp. £24.99. ISBN 978-1-90484-233-0

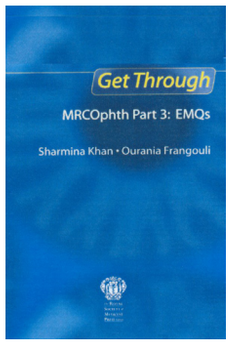
Psychological symptoms are widespread and prevalent in primary care. Overall about one quarter of GP consultations are with patients with mental disorders. Cognitive behaviour therapy (CBT) can offer an effective approach to the management of a wide variety of psychological and emotional disorders. Traditionally CBT has involved a series of one hour sessions with patients. However this book sets out to show that CBT can be applied effectively within the 10 minute primary care consultations and gives GPs a framework to do this. This is particularly apt at present as doctors are being encouraged to use non-therapeutic methods for the management of mild and moderate depression. However, the number of health professionals trained in CBT is limited, although there may be increased provision for CBT in locally enhanced services as part of the new GP contract. From this book it is clear that many of the skills involved in CBT are already being used by general practitioners in routine consultations.

There are plenty of useful tables and figures and every few pages there are key summary points. I have to say that on reading the book it is difficult to imagine CBT fitting into a 10 minute consultation. Advice that patients should receive a written record of the discussion may be helpful, but is also likely to be time consuming for the doctor in surgery or outpatients.

There is a section which covers dealing with heartsink patients, and this primarily focuses on dealing with the negative reactions a doctor may be feel towards such a patient. The chapter gives various coping strategies for doctors in this position. The chapter on dealing with depression is very useful. It gives a good background to the aetiology of depression. It questions the approaches that GPs may use to diagnose depression and then covers management including the use of CBT. Sensibly the author recognises that as the availability of CBT is limited a combination of medication and other approaches should be used. There is also a section which covers the use of CBM in physical illness and disability. This primarily concentrates on promoting the patient's independence and enjoyment of life despite the presence of a chronic disease. Many GPs would find this chapter helpful.

Overall I enjoyed reading the book and found it helpful. At times it was a bit repetitive and could perhaps have been a little shorter. After reading this book, even if you are not sold on using cognitive behaviour therapy in consultations, you will have a good awareness of what is involved and this can only be helpful for both the patient and doctor.

Drew Gilliland



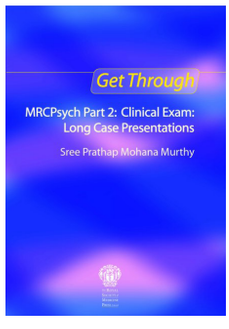
Get Through MRCOphth Part 3: EMQs. Khan S & Frangouli O. Royal Society of Medicine Press Ltd. August 2006. 208pp. £22.50. ISBN: 978-1-85315-609-0

In the world of book publication, like most things, timing is everything. It is unfortunate that we live in such transient times. This book could live or die by the shifting sands of medical training. In Ophthalmology, this has at least one relevant consequence to the success of this book. In two years' time, there will be no more MRCOphth Part 3 exams (according to the Royal College of Ophthalmologists). It will be replaced by the 'better' and more clinical FRCOphth Part 2 Exam. However, every cloud has a silver lining. With limited opportunities left to pass this exam, good books will be at a premium for Ophthalmologists currently caught between two systems.

This book benefits from addressing the current lack of EMQs available to candidates. It is simply a book of exam-based questions that cover the main topics of Ophthalmology. There is a modest section of explanations within the answer section, which serves to educate the reader, rather than simply expose them to themed questions. Unfortunately this section is not particularly extensive, and so limits its appeal to the generalist who may have read the book for the clear clinical scenarios.

In spite of this, the book is detailed enough to hold the attention of junior ophthalmologists studying for clinical exams. The various clinical scenarios used in the questions would also serve as a refresher for those who have passed these hurdles. The authors should be commended for their efforts in meeting the marked demand for exam-specific questions, as the resultant book is a fair reflection of the current format.

David Lockington



Get Through MRCPsych Part 2: Clinical Exam: Long Case Presentations. Sree Prathap Mohana Murthy. Royal Society of Medicine Press Ltd. August 2006. 164pp. £22.50. ISBN: 978-1-85315-684-7

The catchy, confidence-inspiring title of this book reflects what must surely be on the mind of all candidates preparing for the Part 2 clinical examination. It's a marketing ploy, a take on the original 'For Dummies' series, which cleverly avoids the disturbing Freudian slip that the latter title could all too easily lend itself to in that anxious pre-exam period!

The book is a revision tool specifically focused on the 'long case' component of the MRCPsych Part 2 Clinical, and as such is a welcome addition to the literature given the dearth of texts addressing this aspect of the exam. It reads as an

aide-memoir, made up of lists and bullet points reminiscent of someone else's revision notes. Perhaps this is the case – a little detective work into the author's credentials reveals that he passed the exam in autumn 2004.

It is the sort of book which is short enough to flick through the night before the exam, but (as is the case when using anyone else's notes, even if they are the sort you wish you had made yourself) it would be important to familiarise yourself with the layout of the book and to have read around the topics covered, using a core text.

The book is divided into 9 chapters each addressing a particular aspect of the long case examination. The 'History Taking' section is comprehensive, outlining a recommended format, along with useful screening questions to rule out other psychopathologies. However, the mental state examination is sparsely covered and would not equip the reader with the necessary phenomenological terms. Likewise, detail in the 'Physical examination' chapter is scant; this section is of limited usefulness other than to remind you to do one. 'Diagnosis and differential diagnosis' is essentially a reiteration of the ICD 10 diagnostic criteria for the main conditions you are likely to see; however, it also contains a really useful checklist of differentials.

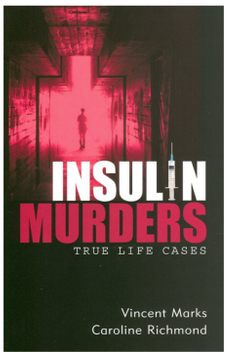
The chapter dealing with the 'Observed interview' goes through a variety of tasks that a candidate may be required to carry out in front of the examiners. It is on the whole good, but with some caveats. For each task, there are examples of verbatim questions that can be used to demonstrate the competency being assessed. However, if the questioning structure were followed too rigidly, the candidate would run the risk of repeating him/herself many times, since some of the suggestions are the same question phrased in several different ways. In addition, for some tasks the recommended questions do not demonstrate a thorough understanding of the relevant symptom or sign.

The Chapters on 'Aetiological formulation', 'Investigations' and 'Management' are excellent. Again they cover the main conditions candidates are likely to be presented with, and provide a useful structure and logical checklist that candidates can work through when presenting their case. The section on 'Prognosis' lists good and poor prognostic indicators for common conditions. Finally, there is a useful chapter which deals with 'Miscellaneous topics' such as prescribing in special populations, which may crop up during the 10 minute viva.

The book's major drawback will be the introduction in spring 2008 of the new MRCPsych assessment programme. The 'Long Case' does not feature in the new exam and the book's target audience will cease to exist. The book will become essentially defunct, although some aspects of it could still be useful in preparation for Workplace Based Assessments, Assessed Clinical Encounters and the OSCE clinical exam.

Ashling O'Hare

Insulin Murders: True Life Cases.
Vincent Marks & Caroline Richmond. Royal Society of Medicine Press. April 2007. 190pp. £12.95. ISBN: 978-1-85315-760-8



I was asked to review this book "as someone who enjoys reading sick serial killer novels" (charming), but I have to admit that it probably *is* the sort of book I would reach for should I be browsing the shelves of the RSM bookshop. The front cover shows a shadowy figure disappearing down a blood-hued corridor (which bears an uncanny resemblance to the 'Caves' in the old RVH) and you get the impression that, with a foreword by Nick Ross, this might be one for the *Crimewatch* fans among you rather than the hardcore endocrinologists. However, despite the sensationalist introduction, the two authors mean serious business: Vincent Marks is, amongst other things, a former Professor of Clinical Biochemistry at the University of Surrey, former Vice-President of the Royal College of Pathologists, and a world authority on insulin and hypoglycaemia; Caroline Richmond is described as a "science writer and medical journalist" (I presume her role is to make Marks' writing a little less 'academic textbook' and a little more 'slasher-thriller').

The book kicks off with the story of Kenneth Barlow, the first documented case of murder by insulin, which occurred in 1957 in England. Barlow was a nurse whose second wife of eleven months died by apparent drowning in the bath. In true CSI style (for the 1950s), dodgy dealings were suspected and two hypodermic injection sites where subsequently identified on each buttock of the deceased. The surrounding tissue was removed and around 84 units of insulin extracted. Marks gives a fascinating summary of some of the state-of-the-art tests becoming available in the 1950s to assay insulin – they seem hopelessly crude by present standards (radioactive glucose and rat diaphragms!) but show a creativeness and originality of method which often appears absent from today's 'black box' analysers. Needless to say, Barlow gets his comeuppance and the notion that insulin is the "perfect murder weapon", as it cannot be detected after death, is shattered.

And so they gallop on through the matrimonial killing fields: Herr Breslau does away with one wife, William Archerd does away with at least two, courtesy of insulin. Just as I'm becoming a little paranoid and vowing to be nicer to my husband, they present the case of Claus von Bulow. Some of you may remember this case from the 1980s in the USA. I don't (too young!) but found it absorbing reading. I will not spoil the story for you – a slightly sensationalised version forms the basis of the film *Reversal of Fortune* – but the authors here present a very thorough review of all the scientific evidence behind this unique case (reliably reported by Marks, one of the expert witnesses in the trial). The compelling aspects of this trial from today's point of view are the expert witnesses (leading initially to wrongful conviction?) and the media circus which also helped fuel misunderstanding, conjecture and hearsay: the parallels between this and a certain very recent high-profile case involving an expert witness are striking.